Fill	in this information to identify your	case:						
Del	btor 1 Joseph B. R	tiley, Sr.						
	btor 2 Tara M. Rile							
Uni	ited States Bankruptcy Court for the	e: MIDDLE DISTRICT O	F PENNSYLVANIA					
Case number (If known)					☐ A suppleme	Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:		
0	fficial Form 106I				MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome					12/15	
sup spo atta	as complete and accurate as posplying correct information. If you use. If you are separated and yo ch a separate sheet to this form. Describe Employment	are married and not fili ur spouse is not filing w On the top of any additi	ng jointly, and your speith you, do not include	ouse is livir informatior	ng with you, incluing about your spo	ude information abou ouse. If more space is	t your needed,	
1.	Fill in your employment information.		Debtor 1		Debtor 2	Debtor 2 or non-filing spouse		
	If you have more than one job, attach a separate page with information about additional		☑ Employed☐ Not employed			⊠ Employed ☐ Not employed		
	employers. Include part-time, seasonal, or	Occupation	manager me DPPA LLC		account manager			
	self-employed work.	Employer's name			Avery W Hall Insurance Agency In			
	Occupation may include student or homemaker, if it applies.	Employer's address	120 MULLET RUN Milford, DE 19963			308 E Main Street Salisbury, MD 21801		
		How long employed to	here? 3 months		2	1/2 years		
Pai	rt 2: Give Details About Mo	onthly Income						
unle If yo	mate monthly income as of the dess you are separated. ou or your non-filing spouse have me space, attach a separate sheet to	nore than one employer, co	,	•		·		
				F	For Debtor 1	For Debtor 2 or non-filing spouse		
2.	List monthly gross wages, sale deductions). If not paid monthly,			2. \$_	4,809.53	\$ 4,688.36	-	
3.	Estimate and list monthly over	time pay.		3. +\$ _	0.00	+\$0.00	<u>-</u>	
4.	Calculate gross Income. Add I	ine 2 + line 3.		4. \$_	4,809.53	\$ 4,688.36		

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Case number (if known)

				For Debtor 1		For Debtor 2 or non-filing spouse		
	Сору	line 4 here	4.	\$_	4,809.53	\$	4,688.36	
5.	List a	all payroll deductions:						
	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$ \$ \$	968.61 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,257.09 0.00 0.00 0.00 93.30 0.00 0.00 0.00	
6.	Add t	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	968.61	\$	1,350.39	
7.	Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,840.92	\$	3,337.97	
8.	8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_	0.00	\$	0.00	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	8b.	\$_		\$	0.00	
	0.1	settlement, and property settlement.	8c.	\$_	0.00	\$	0.00	
	8d. 8e. 8f.	Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8d. 8e. _ 8f.	\$_ \$_ \$_	0.00	\$ \$	0.00	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	_ 8h.+	\$_ 	0.00	· <u>\$ </u>	0.00	•
9.	Add a	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$	0.00	
10.		ulate monthly income. Add line 7 + line 9. he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,840.92 + \$_	3,3	= \$	7,178.89
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00							
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines						7,178.89
13.	Do yo	ou expect an increase or decrease within the year after you file this form? No. Yes. Explain:	?				monthly	

Official Form 106I Schedule I: Your Income page 2 Case 1:24-bk-02963-HWV Doc 45 Filed 06/05/25 Entered 06/05/25 16:47:56 Desc Main Document Page 2 of 4

-ill in this i	nformation to identify your case:				
ebtor 1	Joseph B. Riley, Sr.		Chec	ck if this is:	
btor 2	Tara M. Riley			An amended filing	ving postpetition chap
oouse, if fi				expenses as of the	
ited State	s Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYI	LVANIA	-	MM / DD / YYYY	
se numbe	er				
known)					
fficia	ıl Form 106J	_			
chec	dule J: Your Expenses				
formatio	plete and accurate as possible. If two married people aron. If more space is needed, attach another sheet to this for . Answer every question.				
	Describe Your Household				
	s a joint case? b. Go to line 2.				
	es. Does Debtor 2 live in a separate household?				
	No □ Yes. Debtor 2 must file Official Form 106J-2, Expenses	s for Separate Househ	old of Deb	tor 2	
Do yo	bu have dependents?	orer coparate ricacons	0,4 0, 505		
-	of list Debtor 1 and Yes. Fill out this information for	Dependent's relation	nshin to	Dependent's	Does dependent
Debto		Debtor 1 or Debtor 2		age	live with you?
	ot state the Indents names.	Son		16	□ No ⊠ Yes
чорог	aono namos.				☐ No
		Daughter		14	⊠ Yes □ No
					Yes
					□ No □ Yes
exper	our expenses include ⊠ No nses of people other than □ Yes self and your dependents?				
stimate y xpenses pplicable nclude ex alue of si	Estimate Your Ongoing Monthly Expenses your expenses as of your bankruptcy filing date unless y as of a date after the bankruptcy is filed. If this is a supple date. Expenses paid for with non-cash government assistance is uch assistance and have included it on Schedule I: Your orm 1061.)	olemental <i>Schedule J</i> f you know the			f the form and fill ir
	,			. can exp	
	ental or home ownership expenses for your residence. I ents and any rent for the ground or lot.	nclude first mortgage	4. \$	i	1,053.00
If not	included in line 4:				
4a.	Real estate taxes		4a. \$	i	0.00
4b.	Property, homeowner's, or renter's insurance		4b. \$		0.00
4c.	Home maintenance, repair, and upkeep expenses		4c. \$	·	175.00
4d. Addit	Homeowner's association or condominium dues ional mortgage payments for your residence, such as ho	ome equity loans	4d. \$ 5. \$		184.00 0.00
			·		
Utiliti 6a.	es: Electricity, heat, natural gas		6a. \$		275.00
6b.	Water, sewer, garbage collection		6b. \$		155.00
6c.	Telephone, cell phone, Internet, satellite, and cable service	s	6c. \$		475.00
6d.	Other. Specify:		6d \$		0.00

Official Form 106J Schedule J: Your Expenses page 1

Debi	tor 1 Joseph E tor 2 <u>Tara M.</u>	3. Riley, Sr. Riley	Case num	ber (if known)				
7.	Food and hous	ekeeping supplies	7.	\$	1,250.00			
8.	Childcare and	children's education costs	8.	Φ	35.00			
9.	Clothing, laund	Iry, and dry cleaning	9.		300.00			
10.	-	products and services	10.	<u>: </u>	125.00			
11.	Medical and de	ntal expenses	11.		245.00			
		Include gas, maintenance, bus or train fare.	12.	· -				
13.		clubs, recreation, newspapers, magazines, and books	13.		110.00			
		tributions and religious donations	14.		0.00			
	Insurance.	0.00						
10.		nsurance deducted from your pay or included in lines 4 or 20.	15a.	\$	131.00			
	15b. Health ins		15b.					
	15c. Vehicle in			Φ.	250.00			
	15d. Other insu		15c.	· —	0.00			
16		nclude taxes deducted from your pay or included in lines 4 or 20.	15d.	э	0.00			
	Specify:	, , ,	16.	\$	0.00			
17.		ease payments:	4-	•	000.00			
		ents for Vehicle 1	17a.	· —				
		ents for Vehicle 2	17b.					
	17c. Other. Sp		17c.	· —	0.00			
	17d. Other. Sp	·	17d.	\$	0.00			
18.		of alimony, maintenance, and support that you did not report as your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00			
19.	Other payment	s you make to support others who do not live with you.		\$	0.00			
	Specify:							
20.		erty expenses not included in lines 4 or 5 of this form or on Sche						
	20a. Mortgage:	s on other property	20a.	\$	0.00			
	20b. Real estat	te taxes	20b.	\$	0.00			
	20c. Property,	homeowner's, or renter's insurance	20c.	\$	0.00			
	20d. Maintenar	nce, repair, and upkeep expenses	20d.	\$	0.00			
	20e. Homeowr	ner's association or condominium dues	20e.	\$	0.00			
21.	Other: Specify:	pet expenses	21.	+\$	150.00			
	Son's Jiu Jitsu			+\$	135.00			
	Daughter's Ba	llet and Dance		+\$	320.00			
22								
22.	22a. Add lines 4	monthly expenses through 21		\$	6,816.00			
		22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	0,810.00			
				Φ				
		a and 22b. The result is your monthly expenses.		\$	6,816.00			
23.	•	monthly net income.			_ ,			
	, ,	12 (your combined monthly income) from Schedule I.	23a.		7,178.89			
	23b. Copy you	r monthly expenses from line 22c above.	23b.	-\$	6,816.00			
	23c. Subtract your monthly expenses from your monthly income.		23c.		262.00			
	the result	The result is your monthly net income.			362.89			
24.	For example, do yo	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? Explain here:			ase or decrease because of a			
	□ 103.	Елемин пото.						